

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042588

STATE FILE NUMBER

Registration District No. 352 Primary Registration District No. 4516 Registrar's No. 107

FILED NOV 7 1963

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1060

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Taney		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Taney	
b. CITY (If outside corporate limits, give TOWNSHIP only) Forsyth		c. CITY OR TOWN Forsyth	
Length of stay in 1b 7 Years		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Lakeview Rest Home		d. STREET ADDRESS (If outside, give location) Lakeview Rest Home	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Dr. Maude Crawford			4. DATE OF DEATH October 26, 1963
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 28, 1871
9. AGE (last birthday) 92		10. IF UNDER 1 YEAR Months 4 Days 28	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Osteopath		10b. KIND OF BUSINESS OR INDUSTRY Osteopath	
11. BIRTHPLACE (City and state or country) Godfrey, Illinois		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Boyd		13b. MOTHER'S MAIDEN NAME Mary Coulton	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. No		17. INFORMANT Mrs. Helen Washburn, Forsyth, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hydrostatic Pneumonia DUE TO (b) Cardiac insufficiency DUE TO (c) Senility PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility		INTERVAL BETWEEN ONSET AND DEATH 24 hrs. 7 da.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year <input type="checkbox"/>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 6-6-56 to 10-26-63 and last saw her alive on 10-26-63 Death occurred at 10-26-63 9:25 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Mary King, D.O.		22b. ADDRESS Forsyth, Mo.	
22c. DATE SIGNED 11-2-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE Oct. 28, 1963		23c. NAME OF CEMETERY OR CREMATORY D W Newcomers	
23d. LOCATION (City, town, or county) Kansas City, Missouri		24. FUNERAL DIRECTOR Walter Cobb Shannon M	
25. DATE RECD. BY LOCAL REG. 11-5-63		26. REGISTRAR'S SIGNATURE Helen Campbell	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

NOV 27 1963

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1000

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Walter Cook

Licensed Embalmer No. 4731

P. O. Address Brown Mt

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.